



## PHYSICIAN INSTRUCTIONS / MEDICATION FORM

*ONLY to be completed if sending medication for camper*

### CAMPER INFORMATION

*We must have Physician Instructions / Medication Form completed and signed by the physician for ANY medications*

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness / Condition: \_\_\_\_\_

Dates Attending Camp: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TO BE COMPLETED BY CAMPER'S PHYSICIAN / M.D.

Prescription Medication	Dosage	Schedule	Reason	Special Instructions
1				
2				
3				
Physician's Signature:			Office Stamp	
Date:				
Phone:				
Fax:				
Address:				

### OVER THE COUNTER MEDICATIONS - PARENTS TO FILL OUT

Over the Counter Medication	Dosage	Schedule	Reason	Special Instructions
1				
2				

I hereby authorize the Youth Helpers first aid staff to administer the above treatments as authorized by my child's physician.

I authorize my child to self-administer their injectable or inhalation

**ALL medication MUST BE in ORIGINAL containers with labels and dispensing instructions in English and COMPLETED medical form signed by doctor for prescription medications and parent/guardian.**

Please put medication in a Clear Ziplock bag and give to Youth Helpers staff. NO meds in camper luggage!

I, the undersigned, who is the parent/guardian of the student named above, request the administration to my child of both the over the counter medication and prescription medication in accordance with the instructions as indicated above. **I recognize that if I do not correctly follow all of the above steps and fulfill all of the instructions above that I will be contacted and medication will be withheld until this form has been completed.** If I do not correct the form expediently, I understand that I may be asked to pick up my child from camp. I understand that Youth Helpers Inc., is not legally obligated to administer medication to my child, and therefore, I agree to hold Youth Helpers, its employees and all associates free from any loss by reason of any civil judgement arising out of these arrangements which may be rendered against them. I will notify Youth Helpers immediately if any medical or contact information changes.

*I acknowledge that I have read completely and fully understand all aspects of this form and I agree to the terms contained within them in their entirety.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_